

Children's FEEDBACK FORM

(Please help us to improve by filling out this form)



Today I visited:

(Therapists name)

My age is:

My visit today made me feel:

My therapist made me feel safe:

- Sometimes
- All the time
- Not at all

My therapist listened to me:

- Sometimes
- All the time
- Not at all



really good



good



average



unhappy



really unhappy

2 worst things about my visit

1.

2.

2 best things about my visit

1.

2.

My ideas to make Amity Health better

If you would like to leave your name (you don't have to!), please write it below:

Name: _____ Date: _____

Please return this form by either handing into the reception desk, placing it in the suggestion box or posting it to Amity Health, 136 Lockyer Avenue, Albany WA 6330

THANK YOU!